

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	2				
3	2					
4	2					
5	2					
6	2	1				
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	/					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	3					
21	1					
22	1					
23	1					
24	1					
25	(1)					
26	(1)					
27	(1)					
28	(1)					
29	(1)					
30	(1)					
31	(1)					
32	(1)					
33	1					
34	(1)					
35	(1)					
36	(1)					
37	(1)					
38	1					
39	(1)					
40	1					
41	(1)					
42	(1)					
43	(1)					
44	(1)					
45	1					
46	1					
47	1					
48	1					
49	1					
50	(1)					
TOTAL IND.	14					
TOTAL DEP.	47					
TOTAL CLAIMS	61					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								